

Columbia County Building Permit Application
Re-Roofs, Roof Repairs, Roof Over's

For Office Use Only Application # _____ Date Received _____ By _____ Permit # _____

Plans Examiner _____ Date _____ ☐ NOC ☐ Deed or PA ☐ Contractor Letter of Auth. ☐ F W Comp. letter

☐ Product Approval Form ☐ Sub VF Form ☐ Owner POA ☐ Corporation Doc's and/or Letter of Auth.

Comments _____

FAX _____

Applicant (Who will sign/pickup the permit) Robert Ogles Phone 386-590-4611

Address 505 Gold Kist Blvd Live oak FL

Owners Name Holly Hays Phone 912-308-2540

911 Address 407 SW Lockheed Ln Lake City FL

Contractors Name Robert Ogles Phone 386-540-4611

Address 505 Gold Kist Blvd Live oak FL

Contractors Email Ogles Roofing@gmail.com ***Include to get updates for this job.

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address N/A

Property ID Number 12-45-16-02935-104

Subdivision Name CANON CREEK ESTATES Lot 4 Block _____ Unit _____ Phase _____

Special Driving Instructions (only) _____

Construction of (circle) Replacement Tear off Existing and Replace; Overlay with Metal; Recover-New Material over Existing; Partial Roof Repairs or Other _____

Ventilation: (circle) Ridge Vent; Off ridge vent; Powered Vent; Unvented

Flashing: (circle) Use Existing; Repair Existing; Replace All; Replace w/L-Flashing; Replace w/step-Flashing

Drip Edge: (circle) Use Existing; Repair Existing; Replace All

Valley Treatment: (circle) Use Existing; New Metal; New Mineral Surface

Cost of Construction 26,000.00 _____ Commercial OR ☒ Residential

Type of Structure House; Mobile Home; Garage; Exxon) _____

Roof Area (For this Job) SQ FT 4,500 Roof Pitch 6 /12, 6 /12 Number of Stories 1

Is the existing roof being removed ☒ If NO Explain yes

Type of New Roofing Product Metal Shingles; Asphalt Flat) _____